KSN 2020
FULLY VIRTUAL MEETING

Abstract Type : Poster
Abstract Submission No. : PO-1742

Surgery-related AKI in intensive care unit

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Objectives: Perioperative acute kidney injury (AKI), characterized by persistent oliguria and/or an increase in serum creatinine levels, is a common perioperative complication and is associated with increase in hospital cost and mortality, decreased long- term survival and an increased risk for chronic kidney disease (CKD) and haemodialysis after discharge

Methods: A retrospective study of ICU patients underwent surgery that developed AKI from June 2016 to January 2017 in City Hospital №2 Taldykorgan

Results:

From June 2016 to January 2017, 30% (137 of 455 patients) post surgery patient admitted to ICU, developed AKI. The AKI diagnosed by AKIN and RIFLE criteria. The median age was 47 (range 21–82) years old, with median serum creatinine of 4.3 (range 0.8–12.1) mg/dl. Seventy- four percent of AKI were related to major surgical procedure in digestive surgery, urology, neurosurgery, obstetrics and gynaecologic surgery. Most of the patients who develop AKI were high risk surgical population. The mortality rate was 52% and 43% needs prolonged haemodialysis.

Conclusions: Postoperative AKI is a problem with increased dialysis dependency and high ICU mortality. Risk stratification, early recognition of AKI and perioperative management to prevent AKI are the key factors to reduce morbidity and mortality.